

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET

SERIAL NO.

APPLICANT(S)

FILING DATE

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2						
3						
4		1				
5		4				
6		4				
7		4				
8		4				
9		10				
10		4				
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49						
50						
TOTAL IND.	1					
TOTAL DEP.	27	↔	↔	↔		
TOTAL CLAIMS	78	██████████	██████████	██████████	██████████	██████████

	IND	DEP	IND	DEP	IND	DEP
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TOTAL IND.		↔	↔	↔		
TOTAL DEP.		↔	↔	↔		
TOTAL CLAIMS		██████████	██████████	██████████	██████████	██████████